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APPLICANTS

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 ** CONTINUING DATA *****

BN

 ** FOREIGN APPLICATIONS *****

BN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 6	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>Sam Wilson</i> Examiner's Signature	Initials <i>SW</i>		

ADDRESS

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TITLE

Dual chamber nursing bottle

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